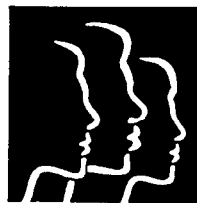


# COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and  
Supportive Community Care"*

## TECHNICAL SUPPORT PROGRAM

### Self-Assessment Guide RESIDENTIAL CARE FACILITY FOR THE ELDERLY COMPATIBLE NEEDS ASSESSMENT



CDSS

CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES

**TECHNICAL SUPPORT PROGRAM**  
**RESIDENTIAL CARE FACILITY FOR THE ELDERLY**  
**COMPATIBLE NEEDS ASSESSMENT**

Section 87582(b)(6) of the regulations allow for the acceptance and retention of persons under the age of 60 in Residential Care Facilities for the Elderly (RCFE) if they have needs that are compatible with those of other residents in care; and if they require the same amount of care and supervision as other residents in the facility. Letters from placement workers or health professionals that document this compatibility should be on file for each resident under the age of 60 in an RCFE. In addition, all preadmission assessments required for potential elderly residents are, of course, required for potential residents under the age of 60.

Please complete the following questionnaire to document the resident's compatibility of needs.

Resident's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. What services does this resident require? \_\_\_\_\_

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2. Does this resident require the same amount of care and supervision as other resident's in the facility? \_\_\_\_\_

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3. In what ways are this resident's needs compatible with or similar to the facility's current elderly population? \_\_\_\_\_

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4. How will this resident's needs be met by the facility's program? \_\_\_\_\_

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5. Why is this resident being placed in an RCFE rather than an Adult Residential Facility?\_\_\_\_\_

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\_\_\_\_\_

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6. Does this resident have any history of dangerous propensity? Yes\_\_\_\_\_No\_\_\_\_

If Yes, describe\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of person completing form Title Date